



ADSA Aging & Disability
Services Administration

AGING AND DISABILITY SERVICES ADMINISTRATION INDIVIDUAL PROVIDER TIME SHEET

CLIENT/EMPLOYER NAME					INDIVIDUAL PROVIDER'S NAME					MONTH			YEAR																												
Day of Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																								
A	TIME SERVICE BEGAN																																								
B	TIME SERVICE ENDED																																								
C	TOTAL HOURS EACH DAY																																								
D	MILEAGE																																								
Day of Month		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS																								
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<p>CHECK TASKS PERFORMED DURING MONTH</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Meal Preparation</td> <td><input type="checkbox"/> Dressing</td> <td><input type="checkbox"/> Walking/Locomotion</td> <td><input type="checkbox"/> Bathing</td> <td><input type="checkbox"/> Housework</td> <td><input type="checkbox"/> Essential Shopping</td> </tr> <tr> <td><input type="checkbox"/> Eating</td> <td><input type="checkbox"/> Personal Hygiene</td> <td><input type="checkbox"/> Transfer</td> <td><input type="checkbox"/> Toileting</td> <td><input type="checkbox"/> Wood Supply</td> <td><input type="checkbox"/> Medication</td> </tr> <tr> <td><input type="checkbox"/> Escort/Transport to Medical</td> <td><input type="checkbox"/> Bed Mobility/ Positioning</td> <td><input type="checkbox"/> Application of Lotion/ Ointment</td> <td><input type="checkbox"/> Toenails Trimmed</td> <td><input type="checkbox"/> Dry Bandage Change</td> <td><input type="checkbox"/> Management</td> </tr> <tr> <td colspan="4"></td> <td colspan="2"><input type="checkbox"/> Passive Range of Motion Treatment</td> </tr> </table>																		<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Dressing	<input type="checkbox"/> Walking/Locomotion	<input type="checkbox"/> Bathing	<input type="checkbox"/> Housework	<input type="checkbox"/> Essential Shopping	<input type="checkbox"/> Eating	<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Transfer	<input type="checkbox"/> Toileting	<input type="checkbox"/> Wood Supply	<input type="checkbox"/> Medication	<input type="checkbox"/> Escort/Transport to Medical	<input type="checkbox"/> Bed Mobility/ Positioning	<input type="checkbox"/> Application of Lotion/ Ointment	<input type="checkbox"/> Toenails Trimmed	<input type="checkbox"/> Dry Bandage Change	<input type="checkbox"/> Management					<input type="checkbox"/> Passive Range of Motion Treatment	
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<p>INSTRUCTIONS</p> <p>A. Enter time service began – indicate AM or PM as appropriate. C. Enter total hours worked each day.</p> <p>B. Enter time service ended – indicate AM or PM as appropriate. D. Mileage: All miles traveled transporting or shopping for a client when authorized per SSPS.</p> <p>DO NOT send these time sheets to Case Managers. Keep completed time sheets in our records for two (2) years. Copies will be requested by Case Managers at the time of reassessment.</p>																																									
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